DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

FORM DFS-F5-DWC-90-C (UB-04) COMPLETION INSTRUCTIONS FOR HOME HEALTH AGENCIES				
HOME HEALTH AGENCIES (HH) SHALL COMPLETE THE DFS-F5-DWC-90 (UB-04) ACCORDING TO THESE INSTRUCTIONS AND THE NATIONAL UNIFORM BILLING COMMITTEE OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL (UB-04 MANUAL), AS INCORPORATED BY REFERENCE IN RULE 69L-8.073, F.A.C.				
FIELD NO.	**FIELD NAME**	**FIELD STATUS**	**COMMENTS**	**SUBJECT TO SEND BACK POLICY 69L-7.740(11)(g)**
1	PROVIDER NAME, ADDRESS AND TELEPHONE NUMBER	REQUIRED	Enter the provider's name, physical address (including zip code) of the place of service and a valid telephone number.	YES
2	PAY-TO NAME AND ADDRESS	REQUIRED	Enter the name and address where the provider listed in Field Number 1 expects payment to be made.	NO
3a	PATIENT CONTROL NUMBER	CONDITIONAL		NO
3b	MEDICAL/HEALTH RECORD NUMBER	CONDITIONAL	Pursuant to the UB-04 manual.	NO
4	TYPE OF BILL	REQUIRED	Pursuant to the UB-04 manual.	YES
5	FEDERAL TAX NUMBER	REQUIRED	Pursuant to the UB-04 manual.	NO
6	STATEMENT COVERS PERIOD	REQUIRED	Pursuant to the UB-04 manual.	YES

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7	RESERVED (FOR USE BY THE NUBC)THE NUBC	NOT REQUIRED		NO
8a	PATIENT NAME/IDENTIFIER	REQUIRED	Enter patient's name: last, first, and middle initial if applicable.	NO
8b	PATIENT NAME/IDENTIFIER	REQUIRED	Enter patient's Social Security Number or Division Assigned Number	YES
9a-e	PATIENT ADDRESS	REQUIRED	Enter the patient's mailing address, including street address, apartment number or other identifier, city, state, and zip code.	YES
10	PATIENT BIRTHDATE	REQUIRED	Enter the patient's date of birth in MMDDYYYY format.	NO
11	PATIENT SEX	REQUIRED	Enter sex of the patient: "M" for Male "F" for Female "U" for Unknown	NO
12	ADMISSION/ DATE	REQUIRED	Pursuant to the UB-04 Manual.	NO
13	ADMISSION HOUR	NOT REQUIRED		NO
14	ADMISSION TYPE	NOT REQUIRED		NO

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15	ADMISSION SOURCE	NOT REQUIRED		NO
16	DISCHARGE HOUR	NOT REQUIRED		NO
17	PATIENT DISCHARGE STATUS	NOT REQUIRED		NO
18	CONDITION CODES	REQUIRED	Enter code “02” in Form Locator 18.	NO
19-28	CONDITION CODES	CONDITIONAL	Use of other applicable codes from the UB-04 Manual is optional (if other codes are listed, list them in alphanumeric order in Form locators 19 through 28).	NO
29	ACCIDENT STATE	NOT REQUIRED		NO
30	RESERVED (FOR USE BY THE NUBC)	NOT REQUIRED		NO
31	OCCURRENCE CODES AND DATES	REQUIRED	Enter code “04” and enter the date of the accident/injury/illness as MMDDYY.	NO
32-34	OCCURRENCE CODES AND DATES	CONDITIONAL	Pursuant to the UB-04 Manual.	NO

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35-36	OCCURRENCE SPAN CODES AND DATES	NOT REQUIRED		NO
37	RESERVED (FOR USE BY THE NUBC)	NOT REQUIRED		NO
38	RESPONSIBLE PARTY NAME AND ADDRESS	REQUIRED	Enter the name and mailing address of the workers' compensation insurer/claim administrator identified in Field Number 50. Must enter name, address and zip code.	NO
39-41	VALUE CODES AND AMOUNTS	NOT REQUIRED		NO
42	REVENUE CODE	REQUIRED	Enter a four digit Revenue Code beside each service described in column 43. The first digit is a leading zero. See NUBC Manual for specific codes**.** After the last Revenue Code, enter "0001" corresponding with the Total Charges amount in Column 47.	YES
43	REVENUE DESCRIPTION	REQUIRED	Enter a brief description that corresponds to the Revenue Code in column 42.	NO
44	HCPCS/RATES HIPPS RATE CODES	CONDITIONAL	Pursuant to the UB-04 Manual. CPT, HCPCS, or workers' compensation unique code(s) and modifier(s) required for all applicable REV codes on Home Health agency bills.	NO

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FIELD NO.	FIELD NAME	FIELD STATUS	COMMENTS	SUBJECT TO SEND BACK POLICY 69L-7.740(11)(g)
45	SERVICE DATE	REQUIRED	Pursuant to theUB-04 Manual. Service Date: Enter the date services are provided. (Applies to Lines 1-22 only.) Use MMDDYY format. Creation Date: Enter the date in MMDDYY format that the bill is created on Line 23. This date shall be reported on all pages of the bill.	YES
46	SERVICE UNITS	REQUIRED	Pursuant to the UB-04 Manual.	YES
47	TOTAL CHARGES	REQUIRED	Enter total charges related to the revenue code for the current billing period noted in Field #6. Total charges for both covered and non-covered services.	YES
48	NON-COVERED CHARGES	NOT REQUIRED		NO
49	RESERVED FOR USE BY THE NUBC	NOT REQUIRED		NO
50	PAYER NAME	REQUIRED	Pursuant to the UB-04 Manual.	NO
51	HEALTH PLAN IDENTIFICATION NUMBER	NOT REQUIRED		NO
52	RELEASE OF INFORMATION CERTIFICATION INDICATOR	NOT REQUIRED		NO

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FIELD NO.	FIELD NAME	FIELD STATUS	COMMENTS	SUBJECT TO SEND BACK POLICY 69L-7.740(11)(g)
53	ASSIGNMENT OF BENEFITS CERTIFICATION INDICATOR	NOT REQUIRED		NO
54	PRIOR PAYMENTS - PAYER	NOT REQUIRED		NO
55	ESTIMATED AMOUNT DUE - PAYER	NOT REQUIRED		NO
56	NATIONAL PROVIDER IDENTIFIER (NPI)	REQUIRED	Enter the NPI Number of the Home Health Agency where services were provided.	YES
57	OTHER PROVIDER IDENTIFIER	REQUIRED	Enter the alpha characters 'HH' followed by the facility license number issued by the Florida Agency for Health Care Administration, i.e. HH#####. Out-of-State providers enter the WC unique license #ZZ999999999999.	NO
58	INSURED'S NAME	NOT REQUIRED		NO
59	PATIENT'S RELATIONSHIP TO THE INSURED	NOT REQUIRED		NO
60	INSURED'S UNIQUE IDENTIFIER	NOT REQUIRED		NO

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61a	(INSURED) GROUP NAME	NOT REQUIRED		NO
62	INSURANCE GROUP NUMBER	CONDITIONAL	Pursuant to the UB-04 manual.	NO
63	TREATMENT AUTHORIZATION CODE	REQUIRED	Enter authorization code, authorization or individual's name providing prior authorization for services requested.	NO
64	DOCUMENT CONTROL NUMBER (DCN)	NOT REQUIRED		NO
65	EMPLOYER NAME (OF THE INSURED)	REQUIRED	Enter the name and address for the injured employee's employer at the time of onset for the accident/injury/illness (the date entered in FL 31). Or Enter name of individual responsible for insurance as noted in FL 58.	NO
66	DIAGNOSIS AND PROCEDURE CODE QUALIFIER (ICD REVISION INDICATOR)	REQUIRED	Enter the applicable ICD indicator to identify which version of ICD codes are being reported: 9=ICD-9 0=ICD-10 NOTE: ICD-9 shall be used for dates of service prior to the 10/01/2015 federal implementation date for the use of the ICD-10. ICD-10 shall be used for dates of service on or after the 10/01/2015 federal implementation date. (ICD-9 AND ICD-10 CODES CANNOT BE USED TOGETHER)	YES

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FIELD NO.	**FIELD NAME**	**FIELD STATUS**	**COMMENTS**	**SUBJECT TO SEND BACK POLICY 69L-7.740(11)(g)**
67	PRINCIPAL DIAGNOSIS CODE	REQUIRED	Enter the principal ICD diagnosis code describing the condition present at the time of admission or after the admission that is responsible for the admission of the patient for care. NOTE: ICD-9 shall be used for dates of service prior to the 10/01/2015 federal implementation date for the use of the ICD-10. ICD-10 shall be used for dates of service on or after the 10/01/2015 federal implementation date. (ICD-9 AND ICD-10 CODES CANNOT BE USED TOGETHER.)	YES
67A-Q	OTHER DIAGNOSES CODES	CONDITIONAL	Pursuant to the UB-04 Manual. Enter the ICD diagnosis code describing the condition that co-exists at the time of admission that may affect the patient's current care. NOTE: ICD-9 shall be used for dates of service prior to the 10/01/2015 federal implementation date for the use of the ICD-10. ICD-10 shall be used for dates of service on or after the 10/01/2015 federal implementation date. (ICD-9 AND ICD-10 CODES CANNOT BE USED TOGETHER.)	NO
68	RESERVED (FOR USE BY THE NUBC)	NOT REQUIRED		NO

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69	ADMITTING DIAGNOSIS	NOT REQUIRED		YES
70a-c	PATIENT'S REASON DX	NOT REQUIRED		NO
71	PROSPECTIVE PAYMENT SYSTEM (PPS) CODE	NOT REQUIRED		NO
72a-c	EXTERNAL CAUSE OF INJURY (ECI) CODE	NOT REQUIRED		NO
73	RESERVED (FOR USE BY THE NUBC)	NOT REQUIRED		NO
74	PRINCIPAL PROCEDURE CODE AND DATE	CONDITIONAL	Required for home health services when a procedure is performed. Enter the ICD procedure code describing the procedures and dates. Enter date as MMDDYY. NOTE: ICD-9 shall be used for dates of service prior to the 10/01/2015 federal implementation date for the use of the ICD-10. ICD-10 shall be used for dates of service on or after the 10/01/2015 federal implementation date. (ICD-9 AND ICD-10 CODES CANNOT BE USED TOGETHER.)	NO

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74a-e	OTHER PROCEDURE CODES AND DATES	CONDITIONAL	Pursuant to the UB-04 Manual. NOTE: ICD-9 shall be used for dates of service prior to the 10/01/2015 federal implementation date for the use of the ICD-10. ICD-10 shall be used for dates of service on or after the 10/01/2015 federal implementation date. (ICD-9 AND ICD-10 CODES CANNOT BE USED TOGETHER.)	NO
75	RESERVED (FOR USE BY THE NUBC)	NOT REQUIRED		NO
76	ATTENDING PROVIDER NAME AND IDENTIFIERS	REQUIRED	Enter the attending provider's name (Last, First) below the block labeled 'Attending'; Enter the provider's Florida Department of Health license number after the block labeled 'Qualifier'. Out-of-State providers enter the WC unique license number "ZZ99999999999".	NO
77	OPERATING PHYSICIAN NAME AND IDENTIFIERS	NOT REQUIRED		NO
78-79	OTHER PROVIDER NAME AND IDENTIFIERS	NOT REQUIRED		NO
80	REMARKS FIELD	NOT REQUIRED		NO
81a-d	CODE - CODE FIELD	NOT REQUIRED		NO